REMARKS

This Application has been carefully reviewed in light of the Office Action mailed on August 2, 2007 (the "Office Action"). Claims 1-30 are pending in the application and stand rejected. New dependent Claim 31 has been added. Applicants respectfully request reconsideration and favorable action in this case.

The Claims are allowable over *Feeney* even in view of the other cited art

The Office Action rejects the claims under 35 U.S.C. §103(a):

- Claims 1-5, 8-16, 18, and 29 as being unpatentable over U.S. Patent Application Publication No. 2002/0032582 to Feeney, Jr. et al. ("*Feeney*") in view of U.S. Patent No. 6,549,956 to Bass et al. ("*Bass*") in further view of U.S. Patent No. 5,771,657 to Lasher ("*Lasher*");
- Claims 19-20, 22-23, and 27-28 as being unpatentable over *Feeney* in view of U.S. Patent Application Publication No. 2003/0093321 to Bodmer et al. ("*Bodmer*") in further view of Patent Application Publication No. 2003/0093307 to Renz et al. ("*Renz*") and in further view of *Lasher*;
- Claims 6 and 17 as being unpatentable over *Feeney* in view of *Bass* in view of *Lasher*, as applied to Claims 1 and 13, and in further view of U.S. Patent Application Publication No. 2002/0052760 to Munoz et al. ("*Munoz*");
- Claim 7 as being unpatentable over *Feeney* in view of *Bass* in view of *Lasher* and in further view of PDXinc.com;
- Claim 21 as being unpatentable over *Feeney* in view of *Bodmer*, *Lasher* and *Renz*, as applied to Claim 20, and in further view of U.S. Patent No. 6,049,787 to Takahashi et al. ("*Takahashi*"); and
- Claims 24 and 30 as being unpatentable over *Feeney* in view of *Lasher* and in further view of U.S. Patent Application Publication No. 2002/0038258 to Bergman ("*Bergman*").

Applicants submit that *Feeney* – even in view of the other cited art – fails to teach various aspects of the present claims as amended. Particularly, the present Office Action admits that earlier cited references have deficiencies[1] and attempts to overcome such deficiencies with the addition of *Lasher*. But Applicants respectfully submit that *Lasher* fails to correct those

[1] With respect to the earlier cited references, Applicants reassert their earlier traversals and comments describing their various other deficiencies, some of which are reproduced below.

deficiencies in contrast to the Office Action's assertions. Accordingly, Applicants maintain that the claims are allowable over *Feeney* even in view of the newly cited *Lasher*.

Throughout prosecution, Applicants have rebutted the incorrect assertions of the Office Actions that propose that *Feeney* equates with several limitations of the present claims. For example, the Office Action cites ¶ 177, with a medical office system 10 and a central system 28, in an effort to show Claim 1's "pharmacy prescription processing subsystem" and "central fill prescription processing subsystem," respectively.[2] Even if these comparisons are correct, which Applicants dispute, *Feeney* does not teach that the central system 28 dispenses "a plurality of drugs from the central fill inventory" as recited in example Claim 1.[3] Instead, the invention of *Feeney* creates "a system of dispensing medication and information at the point-of-service while incorporating data management into the dispensing process." *Feeney*, ¶ 168 (emphasis added). More specifically, *Feeney* describes a medical (physician's) office that dispenses pharmaceuticals based on communications with the central system 28.[4] Indeed, the cited portion of *Feeney* explicitly recites that the dispenser 24 is "in the physician office." *Id.*, ¶ 177; *see id.*, ¶¶ 168, 175-176, 178, and 181-185. Further, there is no suggestion in *Feeney* that the central system 28, which the Office Action continually equates with the "central fill prescription processing subsystem," dispenses anything.[5] In other words, even if the "pharmacy prescription processing subsystem" of Claim 1 could comprise or be associated with a doctor's office, *Feeney* simply fails to teach, suggest, or disclose "the central fill prescription processing subsystem

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[2] It should be noted that the Office Action seems to compare the doctor's office of *Feeney* to the "pharmacy prescription processing subsystem" of Claim 1 and the pharmacy of *Feeney* to the "central fill prescription processing subsystem" of Claim 1.

[3] In fact, the background of *Feeney* attempts to show purported problems with other dispensing techniques at the doctor's office. Specifically, "[t]he details of sample medication dispensing vary from office to office; however, most medical office dispensing procedures have common elements. Generally, samples are stored in locked cabinets in multiple areas throughout the medical office. Cabinets are usually unlocked in the morning and remain unlocked throughout the business day for easy, rapid access." *Id.*, ¶ 11.

[4] In another example, *Feeney* talks about its *front office server* that helps manage the dispensing. "The front office server 12 can be a database and web server machine, for example. *The front office server can be located in a physician or medical office.* It can serve data to the user interface kiosks 14 described herein. It can be also the point of communication between the physician's office and the backend or central systems 28 descried herein." *Id.*, ¶ 191 (emphasis added).

[5] The central system may be coupled to an enterprise resource planning system (ERP) that includes a fulfillment module that, according to both the claims and specification, manages "product order requests" to restore inventory at the doctor's office. *See id.*, ¶ 196. *Feeney* certainly appears to indicate, at least through *Feeney's* use of the terms, that its order fulfillment and dispensing are considered distinct.

operable to . . . dispense a plurality of filled prescription requests" that were received at a "pharmacy prescription processing subsystem" as recited in example Claim 1.

In contrast to the present claims, *Feeney* repeatedly discloses that the asserted dispenser is located at the medical office and that it is the doctor or another authorized medical office user that dispenses the prescription medications. *See e.g.*, *Feeney* at ¶¶ 168, 175-178, 181-185, and 197. Additionally, ¶ 219 of *Feeney* indicates that the prescription is routed to a pharmacy when the dispenser at the medical office is out of the particular medicine or when the patient prefers to not receive medicine at the medical office. Clearly, this medical office does not refer to a "central fill inventory" as recited in the present claims; instead, it relies solely on local pharmacy inventories of the sort described, for example, in ¶ 7 of the present Application.[6]

Further, example Claim 1 currently recites "a central fill prescription processing subsystem coupled to the first pharmacy prescription processing subsystem and a second pharmacy prescription processing subsystem disparate from the first pharmacy prescription processing subsystem by a transmission medium."[7] Put simply, the cited references fail to teach or suggest that a "central fill prescription processing subsystem" is coupled to two pharmacy prescription processing subsystems, wherein the second pharmacy prescription processing subsystem is "disparate from the first pharmacy prescription processing subsystem." At best, *Feeney* teaches that "a large number of medical offices, each having its own front office server 12, can communicate with the central server 30 via the internet." *Id.* at ¶ 179. However, as previously discussed, the central system 28 of *Feeney*, which includes the central server 30, is not taught to actually dispense anything. *See supra*, note 5 and accompanying text. Clearly then, *Feeney* does not teach or suggest the limitation of "the first pharmacy prescription processing subsystem and a second pharmacy prescription processing subsystem [which is] disparate from the first pharmacy prescription processing subsystem" wherein both the first and second pharmacy prescription processing subsystems are coupled to "a central fill prescription processing subsystem." None of the other cited references cure the deficiencies of *Feeney*. *Lasher*, for example, fails to teach or suggest multiple (or for that matter, any) pharmacy prescription processing subsystems coupled to the central fill processing subsystem. In fact,

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6 Indeed, Claim 19 of the present Application recites both "a local inventory" and "a central fill inventory."

7 Example support for this aspect may be found at, *inter alia*, ¶¶ 19, 20, 33, and 40.

Lasher teaches that "[t]he operation of the automated system of the invention is initiated by the entry of customer orders," which are then converted to production orders, thereby indicating that customer orders are actually entered as part of the disclosed prescription filling system. *Id.*, 3:60-62. Thus, in addition to not curing the deficiencies of *Feeney* regarding the current amendment discussed, *Lasher* fails to support the Examiner's argument that the reference teaches a central fill inventory "remote from the first pharmacy prescription processing subsystem." *See* Office Action, p. 4.

Moreover, amended Claim 12 includes a central fill prescription processing method comprising the steps of "receiving a queue of prescription requests in a predetermined transmission format from a remote third party provider, receiving a queue of one or more prescription requests in a second transmission format from a remote pharmacy system, and converting the queues of prescription requests from the predetermined transmission format and the second transmission format to a queue of prescription requests in a processing format."[8] Neither *Feeney* nor any of the other cited references teach or suggest a central fill prescription processing method that receives two queues of prescription requests in two transmission formats from a third party provider and a pharmacy system that are unrelated, remote, or otherwise disparate from each other, and converting those queues, received in two transmission formats, into a processing format. In fact, none of the cited references, either individually or in combination, teach or suggest receiving prescription queues in more than one transmission format, much less receiving multiple queues of prescription requests from two different pharmacies in two different transmission formats.

For at least these reasons, Applicants submit that *Feeney*, either alone or in combination with the other cited art, fails to teach, suggest, or disclose various aspects of the present claims. Accordingly, Applicants request reconsideration and allowance of Claims 1-30.

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[8] Example support for this aspect may be found at, *inter alia*, ¶¶ 31 and 33-35.

CONCLUSION

Applicants have made an earnest attempt to place this case in condition for allowance. It is believed that all of the pending claims have been addressed. Applicants note that the absence of a reply to a specific rejection, issue or comment does not signify agreement with or concession of that rejection, issue or comment. In addition, because the arguments made above may not be exhaustive, there may be reasons for patentability of any or all pending claims (or other claims) that have not been expressed. Finally, nothing in this paper should be construed as an intent to concede any issue with regard to any claim, except as specifically stated in this paper, and the amendment of any claim does not necessarily signify concession of unpatentability of the claim prior to its amendment. For the foregoing reasons, and for other reasons clearly apparent, Applicants respectfully request full allowance of all Claims.

Enclosed is a check in the amount of $430.0 for the required $405.00 fees for filing a Request for Continued Examination, and the required $25.00 fee for filing one (1) additional dependent claim. Please apply any other charges or credits to deposit account 06-1050.

Respectfully submitted,

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Thomas H. Reger II
Reg. No. 47,892

PTO Customer No. 26231
Fish & Richardson P.C.
1717 Main Street, Suite 5000
Dallas, Texas 75201
Telephone: (214) 292-4084
Facsimile: (214) 747-2091